

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF ARKANSAS
LITTLE ROCK DIVISION

JEWELLEAN MOORE,
PLAINTIFF
VS.
CRESENT MEDICAL CENTER
DR.EMANUEL RAFAEL,
DEFENDANTS.

FILED
U.S. DISTRICT COURT
EASTERN DISTRICT ARKANSAS
NOV 17 2016
JAMES W. McCORMACK, CLERK
By: *[Signature]*
DEP CLERK

4:16-cv-845-BRW

COMPLAINT FOR MEDICAL MALPRACTICE

WITH JURY DEMAND

This case assigned to District Judge Wilson
and to Magistrate Judge Harris

PRELIMINARY STATEMENT:

Comes now the Plaintiff, Jewellean Moore, Brings this Action pertaining to Medical Malpractice and Negligence against Cresent Medical Center and Doctor Emanuel Rafael.

JURISDICTION:

Plaintiff is a Citizen of Little Rock Arkansas, the Defendants are Citizens who Work/Resides in the Lancaster, Texas area. This Court have Jurisdiction, pursuant to 28 U.S.C. 1332,

PARTIES:

- 1) Plaintiff- Jewellean Moore, 6200 Colonel Glenn Rd,#219, Little Rock, AR.72204
- 2). Defendant-Cresent Meedical Center, 2600 W. Pleasant Run Rd., Lancaster,TX.75146;
- 3). Defendant-Doctor Emanuel Rafael, 2600 W. Pleasant Run Rd.,Lancaster, TX. 75146.

STATEMENT OF CLAIM:

A). On May 6,2016, while Visiting the Dallas area, Plaintiff, hereinafter "Moore", Checked in the Cresent Medical Center for Emergency Medical Treatment. where Moore had sudden extreme violent Headaches, Vomiting, disorientation, and sensitivty to light. Dr. Emmanuel-Rafael, was the Attending Emergency Physician. because of Moore's inability to Speak coherently, Moore's Partner, Arthur Carson , briefed Dr. Rafael of Moore's Medical dilemma. the Defendants failed to apply any standard of Medical Care toward Moore, by gross negligently discharging Moore, despite Her inability to Walk on Her own, Vomiting and overall worsening condition. see attached, (Exhibit #1 "excerpts from Moore's Medical charts")

B).The Defendants failed to perform any Neurological tests, or blood evaluation, and ignored Moore's plea for help. the Defendants failed to diagnose and treat what was Severe Sepsis, that had altered Moore's speech, and diminished Her ability to identify People.

The Defendants prescribed Clonidine for high blood pressure and Discharged Moore.

C). Overnight for several hours Moore constantly Vomited and suffered excruciating Headaches, and lost Her ability to Walk. after Arthur Carson witnessed the overall deterioration the Morning of May 7,2016, He made arrangements to transport Moore to Baylor-White & Scott Hospital Emergency Room, where Moore would remain for five days for severe Sepsis.

D).As a direct and proximate result of Defendants indifference to Moore suffering, there was a breach of applicable standard of Medical care, that caused Moore conscious pain, and suffering, Memory problems and other cognitive damages, and subsequent Hospitalization from May 7-11, 2016, in Baylor/Scott & White in Dallas, Texas. see
(Plaintiff's Exhibit NO.2 "Excerpts from Baylor-Scott & White".)

The Defendants premature discharge were done so despite Moore's Blood pressure was never stabilized and remained dangerously high, (214/97 BP reading). Defendants Negligence in treating Moore's Life Threatening infection allowed it to Worsen and cause havoc.

E). At All relevant times, Dr Rafeal, was Employed by Cresent Medical Center, and were acting within the scope of His Employment.

PRAYERS:

WHEREFORE, PREMISES CONSIDERED, PLAINTIFF PRAY That Damages of One Million Dollars from Each Defendant to Plaintiff; Court Cost; all Else Relief this Court deem Equitable.

Respectfully Submitted

Jewellean Moore.
Jewellean Moore

(972-897-0182)
6200 Colonel Glenn Rd #219
Little Rock AR 72204

I Jewelleam Moore, swear the foregoing statements are true and correct,pursuant to 28 U.S.C.

1746.

Jewellean Moore.
Jewellean Moore



Patient Name: MOORE,JEWELLEAN

DOB: 07/03/1955

MR#: 2020588 **ACCT#:** 10033694

Admit Date: 05/06/2016

Headache.3 Entry Date: 05/06/2016 15:01:53

History of Present Illness

SEMPA TARISHA 05/06/2016 12:55

Chief Complaint: Headache

DATE / TIME Seen by Provider: 05/06/2016 12:52

Is Patient Pregnant: No

Means of Arrival: Automobile

History Reported By: Patient, Spouse

Symptoms:

Include: New Onset Headache, Nausea, Vomiting, disoriented, eye pain

Onset Mode: Sudden

Onset: Today

Preceding Event: Pt has not been taking her HTN medication

Timing: Constant

Severity: Moderate

Progression: Worsening

Exacerbating Factors: None Reported

Relieving Factors: None Reported

Review of Systems

SEMPA TARISHA 05/06/2016 12:55

ROS Otherwise Negative: Complete Review Otherwise Negative

Instructions:

F60 presents to the ED accompanied by spouse c/o headache that began today. Historian reports the headache has worsened in the last hour, and pt became disoriented, and pt is now vomiting. Pt states her "eyes feel like they are going to burst open" and states she has not been taking her HTN medication.

CONSTITUTIONAL / GENERAL: Patient reports nausea, vomiting, and denies fever, fatigue and changes in appetite or activity.

ENT: Patient reports eye pain and denies visual changes, hearing loss, nasal stuffiness, sore throat, discharge or drainage.

RESPIRATORY: Patient denies any shortness of breath, difficulty breathing, wheezing or cough.

CARDIAC: Patient denies chest pain, palpitations, shortness of breath, difficulty breathing, and dyspnea with exertion.

MUSCULOSKELETAL: Patient denies problems with extremities, joints, muscles or tendons.

INTEGUMENTARY: Patient denies changes in skin, hair and nails.

NEUROLOGICAL: Patient reports headache, disoriented

PSYCHOLOGICAL: Patient denies depression, sadness, suicidal or homicidal thoughts.

ENDOCRINE: Patient denies fatigue, polydipsia, polyuria, changes in body or facial hair.

HEME/LYMPH: Patient denies unusual bruising, bleeding or swollen glands.

Clinical Data:

Pain Scale: 10 - Worst Possible Pain 05/06/2016 12:38

BMI: 46.41 05/06/2016 12:32

BSA: 2.3 05/06/2016 12:32

Blood Pressure: 214/97 Lying Right Arm 05/06/2016 12:32



CRESCE
MEDICAL CENTER
CANTON

Patient Name: MOORE,JEWELLEAN

DOB: 07/03/1955

MR#: 2020588 **ACCT#:** 10033694

Admit Date: 05/06/2016

ED Discharge Instructions Entry Date: 05/06/2016 15:01:55

Diagnosis and Instructions

EMANUEL RAPHAEL EMERGENCY MEDICINE 05/06/2016 14:57

Your Diagnosis Is: Other headaches/htn

Disposition: Discharge to Home, Follow-Up with Primary Care

Diagnosis Specific Education: Diagnosis related handout given

Activity: Resume normal activity.

Diet Order: low salt

Medications: Prescriptions given clonidine must please follow nt wk with pcp

Electronically Signed By: RAPHAEL EMANUEL, MD, EMERGENCY MEDICINE 05/06/2016 15:01:55

Baylor Scott & White Medical Center - White Rock

9440 Poppy Drive

Dallas, TX 75218-3652

Patient:	MOORE, JEWELLEAN	Attending Provider:	LINK MD,JEFFREY J
MRN #:	447638	Admission Date:	5/7/2016
Account #:	3047830	Discharge Date:	5/7/2016
DOB/Age/Sex:	7/3/1955 / 61 years / Female	Lab Medical Director(s):	Dr. Charles E. Mangum

Emergency/Urgent Care

Document Type: ED Note-Physician
 Document Date/Time: 5/7/2016 10:18 CDT
 Document Status: Auth (Verified)
 Performed By: Demir,Candas (5/7/2016 10:29 CDT)
 Authenticated By: LINK MD,JEFFREY J (5/7/2016 17:09 CDT); Demir,Candas (5/7/2016 16:39 CDT); Demir,Candas (5/7/2016 16:05 CDT)

HA - Headache*

Patient: MOORE, JEWELLEAN MRN: 447638 FIN: 3047830

Age: 60 years Sex: Female DOB: 07/03/1955

Associated Diagnoses: Hypertensive emergency; Altered mental status; Leukocytosis; Morbid obesity; Diabetes mellitus with hyperglycemia

Author: Demir, Candas

Basic Information

Time seen: Date & time 05/07/2016 10:18:00.

History source: Patient.

Arrival mode: Private vehicle.

History limitation: None.

History of Present Illness

The patient presents with headache. The onset was yesterday. The course/duration of symptoms is constant and worsening. Location: Right parietal generalized. Radiating pain: none. The character of symptoms is sharp and pressure. The degree at onset was moderate. The degree at maximum was severe. The degree at present is severe. There are exacerbating factors including light, exertion and standing. The relieving factor is none. Risk factors consist of diabetes mellitus and hypertension. Prior episodes: none. Therapy today: none. Preceding symptoms: none. Associated symptoms: photophobia, altered speech, altered level of consciousness, denies nausea, denies vomiting, denies dizziness, denies altered vision, denies fever, denies chills and denies syncope. The patient was in too much distress to give history. Per husband, the patient experienced elevated blood pressure yesterday, noted to be 96/239 with severe headache. She was taken to Crescent health care facility in Lancaster where she had her blood pressure taken down and was prescribed Clonidine but did not have her prescription filled. The husband states that after this treatment her symptoms actually worsened, where she had persistent elevated blood pressure with associated changes to her ability to speak, identify people and gait. The patient has not taken any blood pressure or diabetes medications for the past 2 days. The patient is noted to have experienced a minor stroke about 10 years ago, dissimilar in symptoms to today. The patient has glaucoma..

Review of Systems

Constitutional symptoms: No fever, no chills.

Respiratory symptoms: No shortness of breath,

Cardiovascular symptoms: No chest pain,

Neurologic symptoms: Headache, No dizziness,

Additional review of systems information: All other systems reviewed and otherwise negative.

Health Status**Allergies:**Allergic Reactions (All)

Severity Not Documented

Penicillins- No reactions were documented..

Medications: (Selected)PrescriptionsPrescribed

Lantus 100 units/mL subcutaneous solution: 10 Unit(s), Subcut, Daily, for 30 day, 1 vial, 2 Refill(s)

albuterol 90 mcg/inh inhalation powder: 2 puff, Inhalation Oral, Once Scheduled, 1 inhaler, 1 Refill(s)

azithromycin 250 mg oral tablet: 1 packet(s), Oral, Once Scheduled, as directed on package labeling, 6 tab, 0 Refill(s).

Immunizations: Up to date.

Exhibit #(2)

BAYLOR UNIVERSITY MEDICAL CENTER

PATIENT NAME: Moore, Jewellean
 MRN / ACCOUNT #: 368719 / 61922134
 DOB / AGE / SEX: 07/03/1955 / 61Y / F

ADMIT DATE: 05/07/2016 06:22 PM
 DICTATION DATE/TIME:
 PROVIDER: Westfall, Amanda

ED PHYSICIAN NOTES

Physician Documentation

Baylor University Medical Center

Name: Jewellean Moore

Age: 60 yrs

Sex: Female

DOB: 07/03/1955

MRN: 00368719

Arrival Date: 05/07/2016

Time: 18:22

Account#: 61922134

Bed B22

Private MD:

ED Physician Westfall, Amanda

Diagnosis: Sepsis; Urinary Tract Infection (UTI); Acute Headache; Essential hypertension ;Fever

HPI:

05/07

18:58 This 60 yrs old Black Female presents to ER via EMS (Ground) with tc11 complaints of High Blood Sugar - 5/07 transfer BSWH WhiteRock.

19:49 Pt recently moved here from Arkansas. She has been out of her BP meds tc11 x 1 week due to Medicare not paying in a new state. Pt felt well but noticed her BP elevated yesterday. She went to free standing urgent care clinic to have meds filled. She was given Clonidine and BP came down but pt developed HA while there. Husband reports that she also felt dizzy, off balance, was not talking normally at the clinic but was d/c home with Rx for Lisinopril/HCTZ and Amlodipine. She went home with HA and vomiting all night. Husband reports that she was still with HA, dizziness and "not talking right" this morning so they went to Baylor of White Rock. She had temp 100.7, CT nl except for prior lacunar infarcts, MR showed Chiari 1 malformation, CXR cardiomegaly with vascular congestion, no pneumonia, glucose 532 but nl CO2 and gap, CRP elevated 1.4, SED Rate elevated at 101lactate elevated 2.4, nl troponin, WBC elevated at 12 with nl bands, UA nl, ABG nl. Pt had elevated BP and was started on cardene drip. She was transferred to BUMC for further evaluation..

20:03 The patient has elevated blood pressure and discovered this at home. tc11 Onset: The symptoms/episode began/occurred yesterday. Modifying factors: The symptoms are aggravated by discontinuation of meds. Associated signs and symptoms: Pertinent positives: dizziness, headache, lightheadedness, vomiting, AMS. Severity of symptoms: At its worst the blood pressure was severe, in the emergency department the blood pressure is improved, markedly, on Cardene drip. The patient has not experienced similar symptoms in the past. After initial evaluation, subsequent history was obtained from Husband. The

Moore, Jewellean

Enterprise Patient ID: 1295838

Medical Record #: 368719 / Account #: 61922134

ED Physician Notes

BAYLOR UNIVERSITY MEDICAL CENTER

PATIENT NAME: Moore, Jewellean
 MRN / ACCOUNT #: 368719 / 61922134
 DOB / AGE / SEX: 07/03/1955 / 61Y / F

ADMIT DATE: 05/07/2016 06:22 PM
 DICTATION DATE/TIME:
 PROVIDER: Westfall, Amanda

ED PHYSICIAN NOTES

20:00 Order name: Urine Microscopic, Automated; Complete Time: 20:42 dispat
 05/07
 20:39 Order name: Urine Microscopic; Complete Time: 20:42 dispat
 05/07
 23:31 Order name: POC Whole Blood Glucose dispat
 05/08
 01:07 Order name: Lactate - Serum jb77
 05/07
 22:51 Order name: Chest 1 View XRAY Portable aw21
 05/07
 18:44 Order name: Update allergies in Eclipsys and notify RN of any cw37
 discrepancies; Complete Time: 18:45
 05/07
 21:30 Order name: \S\SEVERE SEPSIS - Please activate (Notify Primary Nurse); cw37
 Complete Time: 00:16
 05/07
 23:51 Order name: Allscripts Orders for Review dispat
 05/07
 18:48 Order name: Draw Blood Cultures; Complete Time: 21:19 cw37
 05/07
 18:54 Order name: Set Up - Adult LP (Lumbar Puncture) Tray; Complete Time: tc11
 19:03
 05/07
 19:20 Order name: Recollect Lavender Top: CLOTTED; Complete Time: 21:02 br18
 05/07
 20:01 Order name: Oxygen - Nasal Cannula; Complete Time: 20:16 lv14
 05/07
 21:30 Order name: If no IV access within 15 minutes, please notify cw37
 physician; Complete Time: 21:54
 05/07
 21:30 Order name: Monitor - Place On Cardiac Monitor; Complete Time: 21:46 cw37
 05/07
 21:30 Order name: Monitor - Place On Pulse Ox; Complete Time: 21:46 cw37
 05/07
 21:30 Order name: Notify Physician if SBP<90 or MAP<65 after the 30 mL/kg cw37
 fluid bolus is complete, to obtain Norepinephrine (SEPSIS Levophed)
 orderr; Complete Time: 21:54
 05/07
 21:30 Order name: Notify Physician of vital signs after fluid bolus, for cw37
 completion of the Sepsis Reassessment Exam; Complete Time: 21:54
 05/07
 21:30 Order name: Saline Lock; Complete Time: 21:50 cw37
 05/07
 21:30 Order name: Saline Lock - Large Bore x2; Complete Time: 21:54 cw37
 05/07

Moore, Jewellean

Enterprise Patient ID: 1295838
 Medical Record #: 368719 / Account #: 61922134
 ED Physician Notes